

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

People for Pinellas

ADDRESS (number and street)

P. O. Box 173207

Check if different
than previously
reported. (ACC)

Tampa

FL

33672

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00582239

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y
11 08 2016in the
State of

FL

5. Covering Period

M M / D D / Y Y Y Y Y Y
10 20 2016

through

M M / D D / Y Y Y Y Y Y
11 28 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Watkins, Michael, I., ,

Type or Print Name of Treasurer

Signature of Treasurer

Watkins, Michael, I., ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 08 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

People for Pinellas

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 20 / 2016 To: M M / D D / Y Y Y Y Y 11 / 28 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2016		105945.63
(b) Cash on Hand at Beginning of Reporting Period.....	573942.62	
(c) Total Receipts (from Line 19)	33000.00	1047000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	606942.62	1152945.63
7. Total Disbursements (from Line 31).....	552189.33	1098192.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	54753.29	54753.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

People for Pinellas

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y
11		28		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

25000.00

939000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

25000.00

939000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

100000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

25000.00

1039000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

8000.00

8000.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

33000.00

1047000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

33000.00

1047000.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	104990.75	298761.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	104990.75	298761.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	447198.58	799430.68
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	552189.33	1098192.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	552189.33	1098192.34

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25000.00	1039000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25000.00	1039000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	104990.75	298761.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	8000.00	8000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	96990.75	290761.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

People for Pinellas

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fancelli, Julia, J., ,

Mailing Address 2000 E. Edgewood Drive, #102

City
Lakeland

State
FL

Zip Code
33803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2016

Transaction ID : SA11AI.4315

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25000.00

25000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 30

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

People for Pinellas

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Strategic Digital Services, Inc.

Mailing Address 1700 N. Monroe Street
Suite 11-111

City
Tallahassee

State
FL

Zip Code
32303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 03 / 2016

Transaction ID : SA15.4353

Amount of Each Receipt this Period

8000.00

☐ Memo Item
refund digital media services

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

8000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

People for Pinellas

Full Name (Last, First, Middle Initial)

A. Ashby Law, PLLC

Mailing Address 717 Princess Street

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
legal services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			04			2016					

FEC Identification Number

C

Transaction ID : SB21B.4379

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Election Connections, Inc.

Mailing Address P. O. Box 10866

City
TallahasseeState
FLZip Code
32302Purpose of Disbursement
research

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			24			2016					

FEC Identification Number

C

Transaction ID : SB21B.4291

Amount of Each Disbursement this Period

2619.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Election Connections, Inc.

Mailing Address P. O. Box 10866

City
TallahasseeState
FLZip Code
32302Purpose of Disbursement
survey

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			02			2016					

FEC Identification Number

C

Transaction ID : SB21B.4352

Amount of Each Disbursement this Period

2306.07

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5925.41

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

People for Pinellas

Full Name (Last, First, Middle Initial)

A. Florida Finance Strategies, LLC

Mailing Address 111-B E. College Avenue

City
TallahasseeState
FLZip Code
32301Purpose of Disbursement
fundraising consulting

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2016			

FEC Identification Number

C

Transaction ID : SB21B.4274

Amount of Each Disbursement this Period

46600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Florida Finance Strategies, LLC

Mailing Address 111-B E. College Avenue

City
TallahasseeState
FLZip Code
32301Purpose of Disbursement
fundraising consulting

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

C

Transaction ID : SB21B.4328

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Heffley Group, LLC

Mailing Address 8975 Winged Foot Drive

City
TallahasseeState
FLZip Code
32312Purpose of Disbursement
campaign consulting

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2016			

FEC Identification Number

C

Transaction ID : SB21B.4392

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

54600.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

People for Pinellas

Full Name (Last, First, Middle Initial)

A. Heffley Group, LLC

Mailing Address 8975 Winged Foot Drive

City
TallahasseeState
FLZip Code
32312Purpose of Disbursement
travel/office supplies

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			23			2016					

FEC Identification Number

C

Transaction ID : SB21B.4394

Amount of Each Disbursement this Period

1774.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. i360, LLC

Mailing Address P. O. Box 37046

City
BaltimoreState
MDZip Code
21297Purpose of Disbursement
data services

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			26			2016					

FEC Identification Number

C

Transaction ID : SB21B.4312

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Media Ad Ventures, Inc.Mailing Address 8136 Old Keene Mill Road
Suite A-300City
SpringfieldState
VAZip Code
22152Purpose of Disbursement
media placement-not disseminated

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			03			2016					

FEC Identification Number

C

Transaction ID : SB21B.4366

Amount of Each Disbursement this Period

502.44

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2777.11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

People for Pinellas

Full Name (Last, First, Middle Initial)

A. Media Ad Ventures, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Mailing Address 8136 Old Keene Mill Road
Suite A-300City
SpringfieldState
VAZip Code
22152Purpose of Disbursement
media placement-See Line 24

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.4357

Amount of Each Disbursement this Period

-10301.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Media Ad Ventures, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2016

Mailing Address 8136 Old Keene Mill Road
Suite A-300City
SpringfieldState
VAZip Code
22152Purpose of Disbursement
media placement-See Line 24

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.4358

Amount of Each Disbursement this Period

-12113.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Patchwork Creative, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2016

Mailing Address 1320 N. Courthouse Road
Suite 130City
ArlingtonState
VAZip Code
22201Purpose of Disbursement
research

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.4320

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2584.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

People for Pinellas

Full Name (Last, First, Middle Initial)

A. Robert Watkins & Company

Mailing Address 610 S. Boulevard

City
TampaState
FLZip Code
33606Purpose of Disbursement
accounting services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		21		2016

FEC Identification Number

C

Transaction ID : SB21B.4280

Amount of Each Disbursement this Period

 922.29☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Watkins & Company

Mailing Address 610 S. Boulevard

City
TampaState
FLZip Code
33606Purpose of Disbursement
accounting services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		15		2016

FEC Identification Number

C

Transaction ID : SB21B.4391

Amount of Each Disbursement this Period

 2972.44☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Strategic Digital Services, Inc.Mailing Address 1700 N. Monroe Street
Suite 11-111City
TallahasseeState
FLZip Code
32303Purpose of Disbursement
digital strategy consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		29		2016

FEC Identification Number

C

Transaction ID : SB21B.4335

Amount of Each Disbursement this Period

 7000.00☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

 10894.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

People for Pinellas

Full Name (Last, First, Middle Initial)

A. Strategic Digital Services, Inc.Mailing Address 1700 N. Monroe Street
Suite 11-111City
TallahasseeState
FLZip Code
32303Purpose of Disbursement
digital media services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4336

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Strategic Digital Services, Inc.Mailing Address 1700 N. Monroe Street
Suite 11-111City
TallahasseeState
FLZip Code
32303Purpose of Disbursement
website services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4344

Amount of Each Disbursement this Period

8808.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Strategic Information Consultants, LLC

Mailing Address 7108 Wooded Gorge Road

City
TallahasseeState
FLZip Code
32312Purpose of Disbursement
research

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4292

Amount of Each Disbursement this Period

6500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

23308.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

People for Pinellas

Full Name (Last, First, Middle Initial)

A. Voter Opinions, LLC

Mailing Address 708 N. Forest Drive

City
TallahasseeState
FLZip Code
32303Purpose of Disbursement
surveys

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2016

FEC Identification Number

C

Transaction ID : SB21B.4327

Amount of Each Disbursement this Period

4900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4900.00

104990.75

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ C C00582239	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee David Johnson Group, LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2016		
Mailing Address 200 W. College Avenue Suite 301			Amount 1735.00		
City Tallahassee	State FL	Zip Code 32301	Transaction ID : SE.4331 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2016		
Purpose of Expenditure aerial advertising			Category/ Type 		
Name of Federal Candidate: Crist, Charlie Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 13 State: FL		
Calendar Year-To-Date Per Election for Office Sought 640607.27			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Election Connections, Inc.			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016		
Mailing Address P. O. Box 10866			Amount 751.85		
City Tallahassee	State FL	Zip Code 32302	Transaction ID : SE.4289 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016		
Purpose of Expenditure telephone calls			Category/ Type 		
Name of Federal Candidate: Crist, Charlie Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 13 State: FL		
Calendar Year-To-Date Per Election for Office Sought 393609.42			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			2486.85		
(a) SUBTOTAL of Unitemized Independent Expenditures			 		
(a) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Michael, L., ,</u>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00582239 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item Election Connections, Inc.			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address P. O. Box 10866			Amount <input type="text"/>		
City Tallahassee	State FL	Zip Code 32302	Transaction ID : SE.4304 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure telephone calls		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Crist, Charlie Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 13 State: FL		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 558641.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Election Connections, Inc.			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address P. O. Box 10866			Amount <input type="text"/>		
City Tallahassee	State FL	Zip Code 32302	Transaction ID : SE.4306 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure telephone calls		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Crist, Charlie Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 13 State: FL		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 560109.03			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text"/> 2934.65		
(a) SUBTOTAL of Unitemized Independent Expenditures			<input type="text"/>		
(a) TOTAL Independent Expenditures			<input type="text"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Michael, L., ,</u>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
[Electronically Filed]			12 / 08 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ C C00582239	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Election Connections, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address P. O. Box 10866			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016		
City Tallahassee	State FL	Zip Code 32302	Amount 564.00		
Purpose of Expenditure telephone calls		Category/ Type 	Transaction ID : SE.4313 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016		
Name of Federal Candidate: Crist, Charlie Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 560673.03			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Election Connections, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address P. O. Box 10866			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		
City Tallahassee	State FL	Zip Code 32302	Amount 1058.40		
Purpose of Expenditure telephone calls		Category/ Type 	Transaction ID : SE.4318 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016		
Name of Federal Candidate: Crist, Charlie Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 561731.43			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			1622.40		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Michael, L., ,</u>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00582239 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Election Connections, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address P. O. Box 10866			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">927.48</div>		
City Tallahassee	State FL	Zip Code 32302	Transaction ID : SE.4322 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure telephone calls		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">927.48</div>		
Name of Federal Candidate: Jolly, David W., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">562658.91</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Election Connections, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address P. O. Box 10866			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">969.84</div>		
City Tallahassee	State FL	Zip Code 32302	Transaction ID : SE.4324 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure telephone calls		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">969.84</div>		
Name of Federal Candidate: Crist, Charlie Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">563628.75</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">1897.32</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Michael, L., ,</u>		<u>[Electronically Filed]</u>		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00582239 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Election Connections, Inc.				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016	
Mailing Address P. O. Box 10866				Amount 859.10	
City Tallahassee		State FL		Zip Code 32302	
Purpose of Expenditure telephone calls				Category/Type Transaction ID : SE.4339 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016	
Name of Federal Candidate: Crist, Charlie Joseph, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 564487.85				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Election Connections, Inc.				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016	
Mailing Address P. O. Box 10866				Amount 543.83	
City Tallahassee		State FL		Zip Code 32302	
Purpose of Expenditure telephone calls				Category/Type Transaction ID : SE.4350 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016	
Name of Federal Candidate: Crist, Charlie Joseph, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 565031.68				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; text-align: right;">1402.93</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(a) SUBTOTAL of Unitemized Independent Expenditures</div> <div style="border: 1px solid black; padding: 5px; text-align: right;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(a) TOTAL Independent Expenditures</div> <div style="border: 1px solid black; padding: 5px; text-align: right;"> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Michael, L., ,</u>				Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00582239 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Election Connections, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address P. O. Box 10866			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">941.22</div>		
City Tallahassee	State FL	Zip Code 32302	Transaction ID : SE.4355 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure telephone calls		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00582239 </div>		
Name of Federal Candidate: Crist, Charlie Joseph, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Election Connections, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address P. O. Box 10866			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">821.59</div>		
City Tallahassee	State FL	Zip Code 32302	Transaction ID : SE.4376 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure telephone calls		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00582239 </div>		
Name of Federal Candidate: Crist, Charlie Joseph, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C 1762.81 </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C 0000.00 </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C 0000.00 </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Michael, L., ,</u>			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
[Electronically Filed]			12 / 08 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ C C00582239	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Election Connections, Inc.			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
Mailing Address P. O. Box 10866			Amount 769.96		
City Tallahassee	State FL	Zip Code 32302	Transaction ID : SE.4381		
Purpose of Expenditure telephone calls		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016		
Name of Federal Candidate: Crist, Charlie Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 13 State: FL		
Calendar Year-To-Date Per Election for Office Sought 581787.49			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Election Connections, Inc.			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016		
Mailing Address P. O. Box 10866			Amount 878.70		
City Tallahassee	State FL	Zip Code 32302	Transaction ID : SE.4383		
Purpose of Expenditure telephone calls		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2016		
Name of Federal Candidate: Crist, Charlie Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 13 State: FL		
Calendar Year-To-Date Per Election for Office Sought 582666.19			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			1648.66		
(a) SUBTOTAL of Unitemized Independent Expenditures			 		
(a) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Watkins, Michael, L., ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00582239 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 400px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Election Connections, Inc.				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address P. O. Box 10866				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 2979.38 </div>	
City Tallahassee		State FL		Zip Code 32302	
Purpose of Expenditure telephone calls				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: Crist, Charlie Joseph, , , <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>				Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">585645.57</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Election Connections, Inc.				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address P. O. Box 10866				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 94.94 </div>	
City Tallahassee		State FL		Zip Code 32302	
Purpose of Expenditure telephone calls				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: Crist, Charlie Joseph, , , <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>				Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">797421.46</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">3074.32</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Michael, L., ,</u>				Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
[Electronically Filed]				12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ C C00582239	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Election Connections, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 07 / 2016		
Mailing Address P. O. Box 10866			Amount 2009.22		
City Tallahassee	State FL	Zip Code 32302	Transaction ID : SE.4390		
Purpose of Expenditure telephone calls		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 14 / 2016		
Name of Federal Candidate: Crist, Charlie Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 799430.68			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Gulf Coast Imprinting, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2016		
Mailing Address 2050 Tall Pines Drive Suite A			Amount 7676.70		
City Largo	State FL	Zip Code 33771	Transaction ID : SE.4287		
Purpose of Expenditure yard signs		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2016		
Name of Federal Candidate: Jolly, David W., , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 593322.27			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			9685.92		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Michael, L., ,</u> 		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00582239 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item James R. Foster & Associates, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 6832 Bonaparte Court			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">32925.47</div>		
City Plano	State TX	Zip Code 75024	Transaction ID : SE.4278 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure direct mail services		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">32925.47</div>		
Name of Federal Candidate: Crist, Charlie Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">385157.57</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">385157.57</div>		
Full Name of Payee <input type="checkbox"/> Memo Item James R. Foster & Associates, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 6832 Bonaparte Court			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">48806.29</div>		
City Plano	State TX	Zip Code 75024	Transaction ID : SE.4342 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure direct mail services		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">48806.29</div>		
Name of Federal Candidate: Crist, Charlie Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">689413.56</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">689413.56</div>		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">81731.76</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Michael, L., ,</u>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">12</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">08</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">2016</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00582239 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee <input type="checkbox"/> Memo Item Media Ad Ventures, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2016		
Mailing Address 8136 Old Keene Mill Road Suite A-300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">163564.96</div>		
City Springfield	State VA	Zip Code 22152	Transaction ID : SE.4301 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2016		
Purpose of Expenditure media placement		Category/ Type 	Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Crist, Charlie Joseph, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">557174.38</div>	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			Full Name of Payee <input type="checkbox"/> Memo Item Media Ad Ventures, Inc.		
Mailing Address 8136 Old Keene Mill Road Suite A-300			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2016		
City Springfield	State VA	Zip Code 22152	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14223.04</div>		
Purpose of Expenditure media placement		Category/ Type 	Transaction ID : SE.4364 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2016		
Name of Federal Candidate:		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Crist, Charlie Joseph, , ,	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">580195.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">177788.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Michael, L., ,</u>		[Electronically Filed]		Date MM / DD / YYYY 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00582239 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Media Ad Ventures, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 8136 Old Keene Mill Road Suite A-300			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 10301.60 </div>		
City Springfield	State VA	Zip Code 22152	Transaction ID : SE.4359 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure media placement		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>		
Name of Federal Candidate: Crist, Charlie Joseph, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 710715.16 </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Media Ad Ventures, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 8136 Old Keene Mill Road Suite A-300			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 12113.80 </div>		
City Springfield	State VA	Zip Code 22152	Transaction ID : SE.4361 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure media placement		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>		
Name of Federal Candidate: Crist, Charlie Joseph, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 722828.96 </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> 22415.40 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Michael, L., ,</u>			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
[Electronically Filed]			12 / 08 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00582239 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY														
Full Name of Payee <input type="checkbox"/> Memo Item Media Ad Ventures, Inc.				Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2016										
Mailing Address 8136 Old Keene Mill Road Suite A-300				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">74497.56</div>										
City Springfield		State VA		Zip Code 22152										
Purpose of Expenditure media placement				Transaction ID : SE.4367 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2016										
Name of Federal Candidate: Crist, Charlie Joseph, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL										
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">797326.52</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
Full Name of Payee <input type="checkbox"/> Memo Item On 3 Public Relations, LLC				Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016										
Mailing Address P. O. Box 1369				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8000.00</div>										
City Tallahassee		State FL		Zip Code 32302										
Purpose of Expenditure online advertising				Transaction ID : SE.4348 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016										
Name of Federal Candidate: Crist, Charlie Joseph, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL										
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">700413.56</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">82497.56</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	82497.56	(a) SUBTOTAL of Unitemized Independent Expenditures	▶		(a) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	82497.56												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶													
(a) TOTAL Independent Expenditures	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> Signature <u>Watkins, Michael, L., ,</u> </div> <div style="width: 20%; text-align: center;"> [Electronically Filed] </div> <div style="width: 40%; text-align: right;"> Date MM / DD / YYYY 12 / 08 / 2016 </div> </div>														

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00582239 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Patchwork Creative, LLC				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 1320 N. Courthouse Road Suite 130				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7700.00</div>	
City Arlington		State VA		Zip Code 22201	
Purpose of Expenditure media production				Category/Type 	
Name of Federal Candidate: Crist, Charlie Joseph, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 392857.57				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Patchwork Creative, LLC				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 1320 N. Courthouse Road Suite 130				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14550.00</div>	
City Arlington		State VA		Zip Code 22201	
Purpose of Expenditure media production-also supports David Jolly				Category/Type 	
Name of Federal Candidate: Crist, Charlie Joseph, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 607872.27				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">22250.00</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Michael, L., ,</u>				Date MM / DD / YYYY 12 / 08 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00582239 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y											
Full Name of Payee <input type="checkbox"/> Memo Item Patchwork Creative, LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016							
Mailing Address 1320 N. Courthouse Road Suite 130				Amount 3000.00							
City Arlington		State VA		Zip Code 22201							
Purpose of Expenditure media production				Transaction ID : SE.4346 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2016							
Name of Federal Candidate: Crist, Charlie Joseph, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL							
Calendar Year-To-Date Per Election for Office Sought 692413.56				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item Red Digital				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2016							
Mailing Address P. O. Box 25112				Amount 20000.00							
City Reston		State VA		Zip Code 20195							
Purpose of Expenditure online advertising				Transaction ID : SE.4310 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2016							
Name of Federal Candidate: Crist, Charlie Joseph, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL							
Calendar Year-To-Date Per Election for Office Sought 627872.27				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">▶ 23000.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶ 23000.00	(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 	(a) TOTAL Independent Expenditures	▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 23000.00										
(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 										
(a) TOTAL Independent Expenditures	▶ 										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>Watkins, Michael, L., ,</u>				Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016							

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) People for Pinellas				FEC IDENTIFICATION NUMBER ▼ C C00582239	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Strategic Digital Services, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1700 N. Monroe Street Suite 11-111			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2016		
City Tallahassee		State FL	Zip Code 32303	Amount 8000.00	
Purpose of Expenditure online advertising			Category/ Type 	Transaction ID : SE.4333 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2016	
Name of Federal Candidate: Crist, Charlie Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 635872.27			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Strategic Digital Services, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1700 N. Monroe Street Suite 11-111			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2016		
City Tallahassee		State FL	Zip Code 32303	Amount 3000.00	
Purpose of Expenditure digital design			Category/ Type 	Transaction ID : SE.4337 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2016	
Name of Federal Candidate: Crist, Charlie Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 638872.27			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			11000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures			 		
(a) TOTAL Independent Expenditures			447198.58		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Watkins, Michael, L., ,			Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016		
			[Electronically Filed]		